SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 14 (check only one) 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) CUMMINGS FOR CONGRESS CAMI	PAIGN COMMITTEE	
Full Name (Last, First, Middle Initial) A. McFadden For Senate	Date of Disbursement	
Mailing Address 1200 Light Street		12 20 2014
City State Baltimore MD	Zip Code 21230	Amount of Each Disbursement this Period
Purpose of Disbursement Donation Candidate Name Category/		1000.00 Transaction ID : SB21.16246
Office Sought: House Disbursement Senate X Prim	Type For: 2016	
Full Name (Last, First, Middle Initial) PUTEMW Mailing Address PO Box 2261		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Baltimore MD	Zip Code 21203	Amount of Each Disbursement this Period
Purpose of Disbursement Donation Candidate Name Category/		
Office Sought: House Senate President State: Disbursement Other		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip Code Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		ry/
Office Sought: House Senate President State: Disbursement Other		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1325.00

1325.00